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13. ABSTRACT (Maximum 200) <p>Morehouse School of Medicine has developed a Breast Health Study that focuses on two groups: (1) minority, underserved women who are residents of Atlanta Housing Authority communities, and (2) primary care physicians and other health care providers who care for the medically underserved. The study seeks to determine and validate the efficacy of community-based educational program initiatives in promoting breast health in this population by educating and motivating target women to seek mammograms and often perform breast self-examinations on a regular basis. We also seek to determine and validate the efficacy of an innovative educational initiative in encouraging other health professionals to discuss and promote clinical breast exams, mammographies and breast self-examinations to their female patients.</p> <p>During the second year of the Study (FY 95-96), seven communities within the Atlanta Housing Authority were identified along with community leaders who were informed of the project and agreed to participate. Community Lay Health Workers (CLHW) who are also residents of the communities selected were hired, trained, and are working in the community. Morehouse School of Medicine Masters of Public Health Students were hired to assist the CLHW in the conduction of the breast health education community health needs assessment and baseline breast cancer knowledge, attitudes and practices assessment in each community. Two hundred men and women of various ages were randomly selected from community clusters to participate in the survey.</p> <p>Infodrama presentations (The Education Initiative for Health Professionals) were conducted at the Annual Meeting of the Atlanta Chapter of National Black Nurses Association and the 6th Annual Meeting of the National Black Leadership Initiative on Cancer-Southern Region. Preliminary results of the community assessment substantiate the need for breast health education programs if we are ever going to favorably impact the health of these communities.</p>					
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**ANNUAL REPORT FOR GRANT NO. DAMD17-94-J-4134  
BREAST HEALTH EDUCATION STUDY  
SUBMITTED 1 SEPTEMBER 96**

**INTRODUCTION**

The Breast Health Education Study at Morehouse School of Medicine, received funding for a three year cycle, by the Department of Defense in 1994.

The purpose of the currently funded project is: to seek to determine and validate the efficacy of a community-based educational program initiative in promoting breast health in minority, medically underserved women by educating and motivating them to seek mammograms and perform breast self examination on a regular basis.

The study focuses on two groups to achieve its goals:

- 1) minority and underserved women, in the metropolitan Atlanta area, and
- 2) family and primary care physicians and other health care providers who care for the medically underserved

**Nature of the problem:**

African American women are more likely than white women to have advanced breast cancer and to have poor survival from those cancers <sup>1,2,3,4</sup> Although the incidence rate of breast cancer is lower in African American women than White women (94.0/100,000 vs 113.20/100,000), the mortality rate in this population is higher (31.2 vs 27.2) <sup>5</sup> Further, once diagnosed with breast cancer, African American women tend to have lower survival rates than White-American women. The five year survival rate is 81.6% for whites but only 65.8% for Black women <sup>5</sup>. This is thought to be due primarily to the more advanced stage of the disease at the time of diagnosis. <sup>6,7,8,9</sup>

Reasons for this advanced stage of disease has included limited access to health care and decreased use of mammographic screening<sup>8</sup> as well as some socioeconomical and hormonal issues.

Many studies have been done to determine the reasons for low mammography use among African American women. Results have revealed that many women do not get mammograms because their physicians don't tell them that they need one, nor make any references to them. <sup>9,10,11,12</sup> Lack of knowledge about the screening recommendations is another barrier to complying with recommendations. <sup>13,14,15,16</sup> From these studies, it becomes clear that a two-tiered approach to promoting mammography screening among women is indicated.

This breast cancer education and prevention project attempts to address the three overall goals of Healthy People 2000: to increase the span of healthy life, to reduce health disparities, and to achieve access to preventive services for all Americans. Two preventive service objectives are also addressed: **Objective 16.3**— to reduce breast cancer mortality, and **Objective 16.11**— to increase the proportion of women age 40 and older who received a clinical breast examination and mammogram. At least two Educational and Community-Based Program objectives are addressed: **Objective 8.1** which seeks to increase the years of healthy life of black people and **Objective 8.11** which emphasizes increasing culturally appropriate community health promotion programs for minority populations.<sup>17</sup>

### **Background of previous work:**

The Atlanta Coalition on Breast Health was established in August 1990 by the Southern Region of the National Black Leadership Initiative on Cancer (NBLIC) to focus on the problem of breast cancer among black women in the Atlanta area. The Coalition has implemented as its major project, the Black Women's Mammography and Screening Project, a community education model developed by the National Medical Association's Council on Concerns of Women Physicians in cooperation with the Minority Health Education Program, Office of Cancer Communications, National Cancer Institute. A long term goal of the NBLIC is to replicate the structure and activities of the Atlanta Coalition in other parts of Georgia and the region.

Since its establishment in August 1990, the Coalition has accomplished a number of important initiatives including:

- ▶ conducted over 12 mini Breast Health Education Workshops throughout Metro Atlanta and some parts of south Georgia. These workshops were attended by over 200 women between the ages of 12 and 65 years of age.
- ▶ development of a facility guide of ACR approved mammography screening sites in the Atlanta area
- ▶ development of a training curriculum for Coalition members. This "train the trainer" curriculum is designed to equip members with the skills needed to train community leaders and community members in breast cancer prevention
- ▶ assist in the training of Community Lay Health Workers assigned to the targeted communities
- ▶ 95% completion of the Breast Health Training Manual
- ▶ participated in a one day workshop on implementation and planning conducted by Florence Bonner, a consultant with the National Cancer Institute

The Atlanta Coalition remains actively involved in the planning and development of the Breast Health Education Study.

**Purpose of the present work:**

The purpose of this project is to impact favorably, the breast health of low income, underserved minority women. As stated previously, the project addresses three of the overall goals of *Healthy People 2000*:

- ▶ *to increase the span of healthy life*
- ▶ *to reduce health disparities, and*
- ▶ *to achieve access to preventive services for all Americans*

Two preventive services objectives are addressed:

- ▶ *Objective 16.3: to reduce breast cancer mortality,*
- ▶ *and*
- ▶ *Objective 16.11: to increase the proportion of women age 40 and older who have received a clinical breast examination and mammogram.*

And, two Educational and Community -based program objectives:

- ▶ *Objective 8.1a: which seeks to increase the years of healthy life of black people,*
- ▶ *and*
- ▶ *Objective 8.11: which emphasizes increasing culturally appropriate community health promotion programs for minority populations.*

We believe that a culturally appropriate, comprehensive breast cancer screening intervention in a low-income public housing community will increase rates at which women obtain clinical breast examinations and mammograms. If we are successful, these rates will approach the frequencies recommended by the National Cancer Institute.

**Methods of approach:**

A review of recent literature and studies on promoting breast health makes it apparent that effective breast cancer prevention and early detection requires education of both health professionals and clients. For example, in the Morehouse Cancer Screening Project entitled, "Avoidable Mortality from Cancer in Black Populations (AMCBP) targeted black women in the inner-city. The study sought to determine if an in-home educational intervention conducted by a Lay Health Worker could increase adherence among low-income black women to breast cancer screening schedules as well as increase the women's knowledge and change their attitudes regarding these cancers. The results of the study showed a 2.9% increase in Pap smear screening,

and a 34.5% increase in breast screening. AMCBP's study method of educational intervention differs from those in the proposed project (in-home vs. community group); however, the target group is the same, and the proposed study emphasizes cultural appropriateness and is based on a philosophy of empowering low-income (blacks) to help themselves and one another.

The approach to community organization and development for health promotion for the communities in this study is based on the theories of Braithwaite, Lythcott et al,<sup>18</sup> and call for the following steps:

- ▶ Learn the community
- ▶ Document the community ecology
- ▶ Organize a community coalition board
- ▶ Share the results with the community
- ▶ Design an intervention
- ▶ Implement the intervention

The current methodology calls for a community cluster comparison between the case and comparison groups who reside in high-rise complexes within the Atlanta Housing Authority (AHA); and case and comparison groups who reside in low-rise complexes. Each cluster community will experience the steps listed above. Since this is a disease-specific study, the intervention was designed prior to the earlier steps. The educational activities of the intervention will, however, be adjusted to accommodate the differences identified within the various communities through our community assessment.

## **BODY**

### **Methods used:**

The Breast Health Education Study group at Morehouse School of Medicine initiated a two-tiered approach with the Breast Health Education Project (DAMD17-94-J-4134) in 1994. This project is designed to focus breast health education interventions in urban African American women living in low-income communities and on primary care providers who offer health services for this population.

**Progress to date:** Our progress is described in relationship to our goals and objectives :

**Objective 1:** Organize each intervention community around the problem of breast cancer

- Subobjective 1.1. Define and describe the ecology of each community.
- Subobjective 1.2. Identify, hire, and train one Community Lay Health Worker (CLHW) for each community.



Status: Accomplished.

- ▶ Seven communities within the AHA were identified for inclusion in the study.
- ▶ Community leaders were identified, informed of the project and agreed to participate
- ▶ Community Lay Health Workers, who are also residents of the chosen communities, were hired, trained and began work in the community.

An additional modification to the study this year was made for which we received approval. We originally planned to use the CLHW to conduct the community surveys as part of our efforts to define the community ecology. After several training sessions on interviewing skills and direct observation of the CLHW's as they actually conducted surveys for our pilot study, we found several problems:

- ▶ The CLHW's were not persistent in their explanations of the questions asked by the interviewees;
- ▶ They were not persistent in their questioning of interviewees that would ensure adequate and complete responses;
- ▶ They did not consistently complete each survey instrument ( some questions were skipped, some CLHW's failed to fill out demographic information, etc.).

Due to these problems and our desire to receive creditable data from the community survey, we requested permission, from the grantor, to hire students from Morehouse School of Medicine (MSM) to actually conduct the surveys. They would partner with the CLHW who would continue to be the initial contact with community participants; schedule the appointment with community participants and the student; and continue to be involved in the organization and implementation of intervention activities.

We chose two medical students and two Master of Public Health (MPH) students for this task, who were selected based on previous experience with interviewing. The students received the same training that was designed for the CLHW.

- |                   |  |
|-------------------|--|
| Subobjective 1.3. | Organize a community breast cancer coalition in each community.  |
| Subobjective 1.4. | Conduct a community health needs assessment and baseline breast cancer knowledge, attitudes, and practices assessment in each community. |

CLHW's are currently identifying community members who will participate as part of a breast cancer coalition for the community. Members will consist of people who represent the diversity of the community, using the community leaders, educators, business people as well as residents. The intent is to give the community the benefits of self-help, self-reliance and "ownership" of the Breast Health Education Study.

The purpose of the breast health education community assessment is to collect data and information concerning the knowledge, attitudes and practices of low-income community residents about their health. Breast health care is the primary data retrieved from the assessment. Two hundred men and women were randomly selected from the community clusters to participate in the survey. Men were included in this portion of the study in an attempt to gather information on their understanding of breast cancer and potential for their support of women who may be affected by the disease.

Objective 2. Conduct programs to improve breast cancer knowledge, attitudes, and screening practices among members of the intervention communities at large, health care providers serving these communities, and women aged 35-79 residing in these communities.

Subobjective 2.1. Provide training workshops for 12 Atlanta Coalition members.

A training workshop was conducted for 10 Atlanta Coalition members on August 11, 1995. Community Lay Health Workers have also received the same training in preparation for the development and implementation of community based coalitions in October of 1995. We will begin to educate the community clusters this fall.

Subobjective 2.2. Provide an annual community-wide educational program in each target community.

The second component of the Breast Health Education Study is the implementation and evaluation of an intervention that educates and motivates primary care physicians to discuss breast health issues with their patients. In the form of an Infodrama, an interactive dramatic production based on actual case histories, the intervention encourages primary care physicians to recommend regular breast self-examinations, clinical breast examinations and screening mammograms to their patients. The Infodrama is produced by a local playwright in Atlanta, GA and is presented by four professional actors. The script for the presentation is based on research studies, information obtained from provider and consumer focus groups, and information pertaining to the social and cultural issues being explored. The impact of the presentation is assessed through pre- and post-intervention questionnaires that measure the physicians' knowledge, attitudes, and practices regarding breast health care. The pretest is given immediately prior to the Infodrama and the post-test is delivered via mailed questionnaire six months afterwards. This intervention has been presented to 46 providers ( including family physicians, internists, OB-GYN physicians, surgeons, and nurses).

Subobjective 2.3 Provide information and educational programs to 200 women aged 35-79 in the four cluster communities.

Plans for the implementation of this activity has begun. We will use the information obtained from the community survey to address the deficiencies in cancer prevention knowledge that were identified and to address any concerns that residents may express. We will continue our plan to do a comparison of women who received the educational intervention with those who did not.

**Subobjective 2.4**      Using the innovative INFODRAMA approach, provide continuing education on breast cancer to physicians and other health care providers serving the intervention communities.

We have presented the INFODRAMA in workshop format to some 46 health care providers (physicians who practice in the following specialty areas: family medicine, internal medicine, ob/gyn, and surgery ; and nurses). Preliminary results of pre-test data are discussed below (results obtained).

**Subobjective 2.5**      Increase access to breast cancer screening services for low-income women in the intervention communities.

As part of the educational intervention for the Housing communities, study participants will:

- ▶ learn about screening guidelines (age specific)
- ▶ receive information on how to obtain low-cost mammograms. This includes information on:
  - .ACR approved sites
  - .third party coverage
  - .Medicaid/Medicare coverage
  - .discount coupons

Health care providers will also be made aware of the various types of programs that are available to assist their patients in obtaining screening mammograms.

The following objectives deal with the evaluation of our effectiveness. We have not made any substantive strides towards these objectives to date. These objectives will be addressed in the upcoming year of funding.

**Objective 3**      Evaluate the impact of the comprehensive intervention on breast cancer screening knowledge, attitudes and practices.

**Subobjective 3.1**      Through pre and post- intervention community health needs assessments, measure changes in knowledge and attitudes regarding breast cancer and its prevention in the intervention communities as compared to the comparison groups.

Subobjective 3.2 through pre and post- intervention questionnaires, measure changes in breast cancer knowledge, attitudes and practices (including obtaining breast exams and mammograms) among women 35-79 in the intervention communities as compared to the comparison communities.

Subobjective 3.4 Through the use of pre and pos-questionnaires, determine the change among physicians and other health professionals serving the intervention communities in knowledge, attitudes, and beliefs relative to providing breast health care.

**Results obtained:** The MSM-BHES is designed to educate women and primary care providers on the importance of screening for the prevention and early detection of breast cancer. Preliminary data from our community survey that was collected from 57 women living in seven underserved urban communities throughout the Atlanta Housing Authority showed the following:

#### **Demographics**

- ▶ 90% were African-American; 98% were single; 81% were female; with a mean age of 62 years
- ▶ the mean level of education was 10th grade; 84% of respondents had incomes of less than \$10,000 per year;

#### **Knowledge/Understanding of Cancer**

- ▶ Of women  $\geq$  35 years: 60% named the pap smear as a way to detect breast cancer; 83% named chest x-ray as a way to detect breast cancer; 15% named breast self exams and 17% named mamfograms as a way to detect breast cancer;
- ▶ 12% of the women surveyed felt that it is NOT necessary to get a mammogram if a woman is feeling fine;
- ▶ 10% do not know if breast cancer can be found at an early stage or not;
- ▶ 55% felt that it is unlikely that they would ever get breast cancer

#### **Diagnosis/Screening Practices**

- ▶ 10% reported never having had a clinical breast exam; 19% never performed breast self-exams; 19% reported less than once per month; 47% did not know how often to get a clinical breast exam; 40% did not know how often to do breast self-exams; 45% did not know how often to get a mammogram (for their particular age group).

The intervention for the healthcare providers is in the form of an INFODRAMA, a dramatic presentation of breast cancer prevention information. We developed the INFODRAMA in collaboration with educational play makers, a drama group in Atlanta that has experience in

developing similar projects on AIDS, Sexually Transmitted Diseases, Substance Abuse and Prevention. The Infodrama is presented in workshop format with a pre-test, an overview of the problem, The Infodrama-Play and a post-test. Preliminary results of pre-test data taken from 46 providers (physicians who practice in the following specialties: family medicine, internal medicine, ob/gyn, surgery; and nurses) shows results in the following areas:

#### **Risk Factors**

- ▶ only 35% of the providers knew that women  $\geq 50$  years of age are most likely to get breast cancer;

#### **Health Education/Health Promotion**

- ▶ 45% saw talking with patients about breast cancer as a small part or no part of their practice; 22% had little or no interest in talking to their patients about breast health; 30% did not spend any time in their practice talking about breast health.

#### **Screening Practices**

- ▶ 52% of the providers referred less than 25% of women 40 and above in their practices for screening mammograms on a yearly basis; 78% recommend breast self-exams (22% do not); 65% have ever recommended mammograms; only 52% recommend annual clinical breast exams.

**Relationship of survey results to goals of the research:** The goal of the BHES at Morehouse School of Medicine is to test a comprehensive, culturally appropriate breast cancer screening intervention in a low-income black community incorporating the Community Organization and Development Model developed at Morehouse by Braithwaite and Lythcott. The intervention aims to: heighten breast cancer awareness in the entire community; provide information on breast cancer screening to women in the community and motivate them to seek screening; provide information on breast cancer screening to health care providers in the community as we motivate them to offer or prescribe screening routinely for their female patients and, increase access to breast cancer screening services for the selected communities.

The survey results have provided us with an overview of the baseline of breast cancer knowledge that is present in the community. This preliminary data reveals to us that there is a need to heighten breast cancer knowledge in these communities; that many of the women are ill informed about such things as what a mammogram is and whether there is a real need for a woman to get one. Only one third of the primary care practitioners in our survey indicated knowledge that women fifty years of age and over are the women who are most likely to get breast cancer; thirty five percent of the primary care practitioners surveyed have never recommended mammograms.

The survey results mentioned here represents approximately one fourth of the total to be sampled. However, the information gathered so far confirms our theory that a strong, comprehensive program that addressed the needs of the health care provider and the health care consumer, is greatly needed.

### **CONCLUSIONS:**

During year two, the Study progressed to near completion of a community survey to access the attitudes and beliefs of residents towards cancer, specifically breast cancer. We trained six lay health workers; pilot tested the community survey with lay health workers; trained four graduate students to complete the community survey; began initial work towards developing the housing community coalitions on breast health; and conducted two Infodrama presentations for health care providers. Preliminary studies from both the community survey and follow up surveys of the health care providers is consistent with what was anticipated. Preliminary baseline measurements of the knowledge and understanding of the 57 women sampled from the communities by 6/30/96 showed that of the women surveyed who were  $\geq 35$  years of age, many were not aware of what a mammogram is or its importance in detecting breast cancer. A large number confused the pap smear (60%) and the chest x-ray (83%) as the tests used to detect cancer; 12% of the women surveyed saw no need for a woman to get a mammogram if she were feeling fine; 10% did not know if breast cancer could be detected early and 55% felt it was unlikely that they would ever get breast cancer.

Similar results were obtained when looking at preventive screening practices. The survey results substantiate the need for breast health education programs directed at this population; and the importance of such programs if we are ever going to favorably impact the health of these communities.

Our next step will be to train the coalition members of each housing community and begin the educational intervention. Our next INFODRAMA presentation to providers will be November 1996.

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## MEETING ABSTRACTS

1. Taylor, BD, Sheats, J, et. al., "The Atlanta Coalition Breast Health Education Project". *Presented at the Fifth Annual Meeting of the National Black Leadership Initiative on Cancer-Southeastern Regional Meeting, Atlanta, GA March 17, 1995*
2. Taylor, BD., Crump, S., Sheats, J., et. al., "An Education Model Designed to Encourage Underserved Minority Women to Seek Mammograms". *Presented at the Drew-Meharry-Morehouse Consortium Cancer Center Symposium, March Meharry Medical College, Nashville, TN. Thursday March 23, 1995.*
3. Taylor, B.D., et al, and Educational Playmakers, "Nightmare", presented at the Annual meeting of the Georgia Medical Association. June 19, 1995, Hilton Head, SC *An informational dramatic presentation for physicans attending the Georgia Medical Association consists primarily of minority physicians of all ages and specialty areas who practice in the State of Georgia.*
4. Taylor, BD., Crump, S., Sheats, J., Lambert, C. et. al, "Nightmare", *presented at noon conference Internal Medicine Residency Program, Grady Memorial Hospital*
5. Taylor, Sheats, et al "Utilizing the CL HW for Breast Health Education", *abstract accepted for poster presentation at APHA - 1996, Community Health Planning and Policy Development Section, New York, Nov. 17-21*
6. Taylor, Murphy, et. al "The Info Drama as an effective tool in Medical Education", *abstract accepted for APHA - 1996 - Women's Health Section, New York, Nov. 17-21*

## Publication

Taylor, Sheats, Murphy. Training Community Health Volunteers: For Breast Health Education and Disease Prevention, submitted to American Journal of Health Promotion, Summer 1996

# ATTENTION ALL MEN AND WOMEN

HERE IS A GREAT OPPORTUNITY FOR HOUSING  
COMMUNITY RESIDENTS

APPLICATION PERIOD: JULY 3-12, 1995

TITLE: COMMUNITY HEALTH VOLUNTEER

All Community Health Volunteers will receive special training for the Morehouse School of Medicine Breast Health Education Study to be conducted in the following communities:

- Antoine Graves
- M. L. King
- John O. Chiles
- Graves Annex
- Cosby Spears A&B
- Carver Homes
- East Lake Meadows

## **RESPONSIBILITY:**

The Community Health Volunteer is responsible for conducting and completing interviews with residents of at least two (2) Atlanta housing communities.

## **DUTIES:**

1. Attend assigned training workshops and special events.
2. Conduct door-to-door interviews with residents for the Morehouse School of Medicine Breast Health Education Study, using an assessment/questionnaire to survey community.
3. Assist in the coordination of workshops.
4. Provide follow-up visits to participants if applicable.

## **QUALIFICATIONS:**

1. A housing community resident in good standing
2. Must be able to read, write and spell well
3. Willing to work in a designated housing community other than their own
4. Willing to be trained
5. Must be able to communicate well with others
6. High school diploma or GED preferred

INTERESTED PERSONS SHOULD PICK UP APPLICATIONS AT  
THE MANAGEMENT OFFICE OR RESIDENT ASSOCIATION  
PRESIDENT

**Morehouse School of Medicine**  
**Application for Community Health Volunteers**  
**for the Breast Health Education Study**

**PLEASE PRINT ALL INFORMATION**

Name: \_\_\_\_\_ What is your birthdate? \_\_\_\_\_  
month/day/year

Address: \_\_\_\_\_  
(street address and apt. no.)

\_\_\_\_\_  
(city) (state) (zip code)

How long have you lived at the above address? \_\_\_\_\_  
(yrs./months)

How long do you plan to remain at the above address? \_\_\_\_\_  
(yrs./months)

Telephone No. or number(s) where you can be reached: \_\_\_\_\_  
\_\_\_\_\_

What was the highest grade of school you completed?

- ☐ High School Diploma
- ☐ Trade or Vocational School
- ☐ College, at least one year
- ☐ College Degree (specify): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

What type of work have you done in the past?

- |   |   |
|---|---|
| <input type="checkbox"/> Secretarial            | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Teaching               | <input type="checkbox"/> Security           |
| <input type="checkbox"/> Recreational           | <input type="checkbox"/> Janitorial         |
| <input type="checkbox"/> Domestic Worker (maid) | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Child Care             | <input type="checkbox"/> Other: _____       |

**OVER**

Can you work flexible hours?  
P.M.

☐ Yes ☐ No

If Yes, When? ☐ A.M. ☐

Have you done any volunteer work in the community?

☐ Yes ☐ No

If yes, Where?

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Tell us the reason(s) why you are interested in being a community health volunteer.

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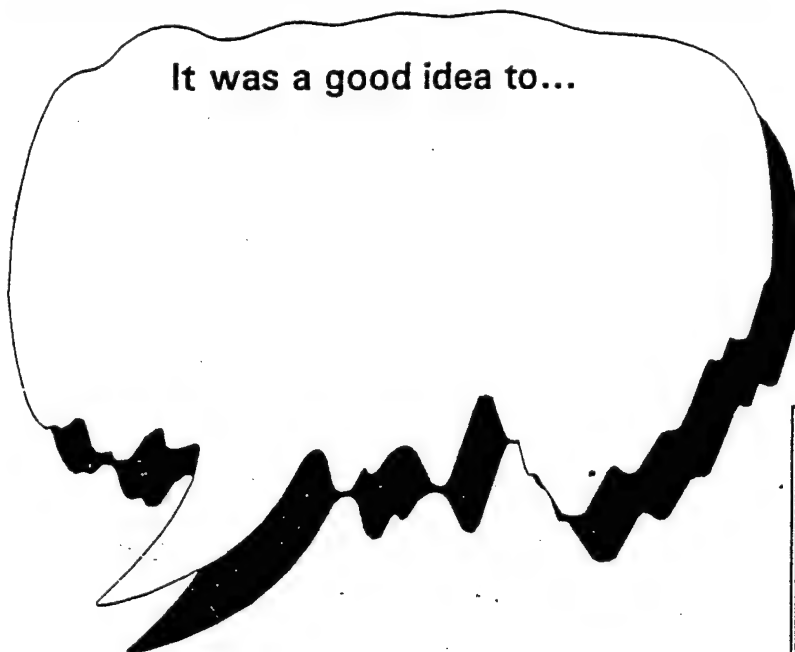
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# THIS IS WHAT I THINK AND IT IS ALL ABOUT... BREAST HEALTH



I would like to know more about..



The location and accommodations are:

☐ ☐ ☐

Draw your own!

After the Infodrama today, I feel motivated to.....

Please provide the following information...	My overall evaluation of this Infodrama...
<p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>_____</p> <p>City State Zip</p> <p>Phone No.: _____</p>	<p><u>Please circle all that apply</u></p> <p><input type="checkbox"/> Very informative</p> <p><input type="checkbox"/> Somewhat helpful</p> <p><input type="checkbox"/> Well Organized</p> <p><input type="checkbox"/> Dull</p> <p><input type="checkbox"/> Motivating</p> <p><input type="checkbox"/> Disorganized</p> <p><input type="checkbox"/> Good in content, but not in presentation</p> <p><input type="checkbox"/> Good presentation and content</p> <p><input type="checkbox"/> I am 😊 I came!!!</p>

ADDITIONAL COMMENTS:

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# CONGRATULATIONS!




You have been selected to participate in the  
Morehouse School of Medicine  
Breast Health Education Study  
in collaboration with the  
Atlanta Housing Authority

When: During the month of January and  
February

Where: Your Home

Time: At your convenience and only 30-40  
minutes of your time is needed

A Community Health Volunteer will call and  
visit you at your home. You will  
receive a special gift  for your  
participation.





MOREHOUSE SCHOOL OF MEDICINE BREAST HEALTH  
EDUCATION STUDY



Community Health Volunteer  
Orientation and Training Workshop  
Friday, October 20, 1995  
9:00 a.m. - 12:00 noon

A G E N D A

- 9:00-9:30 a.m.      Introductions and Project Overview ..... Beverly Taylor, MD  
A.      Goals and Objectives  
B.      Study Design  
C.      Implementation  
D.      Evaluation
- 9:30-9:50 a.m.      Breast Cancer Update ..... Joyce Sheats, RN, MPH  
A.      Facts and Figures  
B.      African American Women & Breast Cancer  
C.      Risk Factors  
D.      Three Step Approach to Early Detection
- 9:50-10:10 a.m.      The Community Health Worker ..... Mable Densler, RN, MS  
A.      Code of Ethics  
B.      Duties and Responsibilities  
C.      Communications Skills
- 10:10-10:20 a.m.      —BREAK—
- 10:30-12:00 noon      Breast Health Education Study Survey ..... Frederick Murphy, MPH  
A.      Why a Community Survey??  
B.      Review of Survey Instrument  
C.      The Importance of Interpersonal Etiquette  
D.      The Honor System  
E.      Roll Play

Questions and Answers

Adjourn

Lunch





# PHYSICIAN/HEALTH CARE PROVIDER QUESTIONNAIRE

## DEMOGRAPHIC PROFILE

For each question, please circle the appropriate responses as indicated.

1. Gender: ☐ Male ☐ Female
2. Race:
- a. White (non-hispanic)
  - b. Hispanic (non-white)
  - c. Black
  - d. Native American
  - e. Asian/Pacific Islander
  - f. Other (please specify) \_\_\_\_\_
3. Professional Medical/Nursing Practice: (Please check appropriate response)
- |                        |                             |                             |   |
|------------------------|-----------------------------|-----------------------------|---|
| a. Family Practice     | <input type="checkbox"/> MD | <input type="checkbox"/> RN | <input type="checkbox"/> Other(specify) _____ |
| b. Internal Medicine   | <input type="checkbox"/> MD | <input type="checkbox"/> RN | <input type="checkbox"/> Other(specify) _____ |
| c. OB-GYN              | <input type="checkbox"/> MD | <input type="checkbox"/> RN | <input type="checkbox"/> Other(specify) _____ |
| d. Preventive Medicine | <input type="checkbox"/> MD | <input type="checkbox"/> RN | <input type="checkbox"/> Other(specify) _____ |
| e. Public Health       | <input type="checkbox"/> MD | <input type="checkbox"/> RN | <input type="checkbox"/> Other(specify) _____ |
| f. Surgery             | <input type="checkbox"/> MD | <input type="checkbox"/> RN | <input type="checkbox"/> Other(specify) _____ |
| g. Pediatrics          | <input type="checkbox"/> MD | <input type="checkbox"/> RN | <input type="checkbox"/> Other(specify) _____ |
4. How long have you been in practice? \_\_\_\_\_  
years

- OVER -

**BREAST CANCER EDUCATION AND TRAINING**

1. Have you attended any educational programs on cancer education and screening in the last 2 years?
  - a. Yes
  - b. No (If No, skip to question 4)
  
2. During these education programs which of the following areas did you learn most about? (Please circle all responses that apply)
  - a. Breast cancer screening
  - b. Assessing breast cancer risk
  - c. Cervical cancer screening
  - d. Assessing cervical cancer risk
  - e. Assessing cancer risk generally
  - f. Techniques for educating patients about cancer risk and screening.
  - g. Other cancer screening(please specify)\_\_\_\_\_
  
3. Would you say this previous education helped you in talking with your patients about cancer prevention and screening:
  - a. Very much
  - b. Somewhat
  - c. Not at all
  
4. Which of the following methods of education would be most useful to you for continuing education programs about cancer? (Please circle all responses that apply):
  - a. Teleconferencing
  - b. Written materials
  - c. One-on-one teaching
  - d. Workshops
  - e. Video self-instruction
  - f. Annual conventions/conferences
  - g. Role play
  - h. Other (please specify)\_\_\_\_\_

**BREAST CANCER RISK**

1. At approximately what age do you think women are most likely to get breast cancer?
  - a. Less than 40 years of age
  - b. Between 40 and 50 years of age
  - c. There is no difference in onset for women of different ages
  - d. Over 50 years of age
  - e. Don't Know
  
2. Which of the following do think would increase a women's chances of getting breast cancer? (Please circle all responses that apply):
  - a. Increasing age
  - b. Overweight
  - c. Taking birth control pills
  - d. Smoking
  - e. A family history of breast cancer
  - f. Stressful lifestyle
  - g. Other (please specify) \_\_\_\_\_
  
3. How important do you think the following are in keeping women from getting clinical breast examinations and mammograms: (For each item, please circle one response: VI - very important, SI - Somewhat Important, NVI- Not Very Important)
 

a. Fear that an exam will find cancer .....	[1] VI	[2] SI	[3] NVI
b. They don't go to the doctor unless they have a problem .....	[1] VI	[2] SI	[3] NVI
c. Cultural beliefs .....	[1] VI	[2] SI	[3] NVI
d. Language barriers .....	[1] VI	[2] SI	[3] NVI
e. Women don't know they are at risk for breast cancer .....	[1] VI	[2] SI	[3] NVI
f. The cost of an examination .....	[1] VI	[2] SI	[3] NVI
g. Their doctors don't tell them to have one .....	[1] VI	[2] SI	[3] NVI
h. They are embarrassed to have a breast exam .....	[1] VI	[2] SI	[3] NVI
i. They don't think they need one .....	[1] VI	[2] SI	[3] NVI
j. Transportation problems .....	[1] VI	[2] SI	[3] NVI
k. Discomfort associated with mammogram .....	[1] VI	[2] SI	[3] NVI
l. Lack of insurance .....	[1] VI	[2] SI	[3] NVI

- OVER -

**QUESTION 3 CONTINUED**

- m. Lack of time for patient to get exam ..... [1] VI [2] SI [3] NVI
- n. Other (please specify) \_\_\_\_\_

**PATIENT EDUCATION & COUNSELING ABOUT BREAST CANCER PREVENTION**

1. What percentage of the women in your practice or work setting are: (For each item, please circle one response)
  - a. Less than 35 years of age ..... [1] None [2] < 10% [3] 10-25% [4] 26-50% [5] > 50%
  - b. Between 35 & 40 years ..... [1] None [2] < 10% [3] 10-25% [4] 26-50% [5] > 50%
  - c. Between 41 & 64 years ..... [1] None [2] < 10% [3] 10-25% [4] 26-50% [5] > 50%
  - d. Over 65 years ..... [1] None [2] < 10% [3] 10-25% [4] 26-50% [5] > 50%
  - e. African American ..... [1] None [2] < 10% [3] 10-25% [4] 26-50% [5] > 50%
  - f. Native American ..... [1] None [2] < 10% [3] 10-25% [4] 26-50% [5] > 50%
  - g. Hispanic ..... [1] None [2] < 10% [3] 10-25% [4] 26-50% [5] > 50%
  - h. Other (specify) \_\_\_\_\_
  
2. Do you see talking with patients about breast cancer prevention as:
  - a. A large part of your practice
  - b. A small part of your practice
  - c. Not part of your practice at all
  
3. With regard to talking with your patients about breast health, would you say you are:
  - a. Very interested
  - b. A little interested
  - c. Not interested
  
4. On average how much time do you spend each week educating your patients about breast health?
  - a. None
  - b. 1-3 hours
  - c. 4-6 hours
  - d. 7-9 hours
  - e. 10 or more

5. About what percentage of the women in your practice or work setting who are 40 and above do you refer each year for screening mammography?

- a. None
- b. Less than 10 percent
- c. Between 10 and 25 percent
- d. Between 26 and 50 percent
- e. Greater than 50 percent
- f. Not Applicable

6. What breast cancer screening tests and procedures do you usually recommend for patients? (Please circle all responses that apply)

- a. Breast self-examination
- b. An annual doctors examination of the breast (palpation)
- c. Mammography
- d. All of the above
- e. None of the above

7. The following statements are about your feelings concerning breast cancer prevention. For each item below, please circle one response: (SA - Strongly Agree, A - Agree, DA - Disagree, SD - Strongly Disagree)

- a. I have sufficient knowledge to counsel patients ..... [1] SA [2] A [3] DA [4] SD
- b. I don't have enough time to educate patients ..... [1] SA [2] A [3] DA [4] SD
- c. When I counsel a patient, I am concerned that I may give incorrect information ..... [1] SA [2] A [3] DA [4] SD
- d. After I counsel a patient, I don't think they comply with my recommendations ..... [1] SA [2] A [3] DA [4] SD
- e. There should be more education about breast cancer done in the community ..... [1] SA [2] A [3] DA [4] SD
- f. I don't think the women who need breast cancer education and screening are the ones I see regularly in my office ..... [1] SA [2] A [3] DA [4] SD
- g. It's sometimes difficult to know what to tell my patients ..... [1] SA [2] A [3] DA [4] SD

**QUESTION 7 CONTINUED**

- h. Patients don't usually practice early cancer detection measures such as self breast examination ..... [1] SA [2] A [3] DA [4] SD
- i. There are limited follow-up resources in the community for referral of patients for breast examinations (such as mammography) ..... [1] SA [2] A [3] DA [4] SD
8. In which of the following areas would you like to have more education?
- a. Teaching breast self exams to patients
  - b. Performing clinical breast exams
  - c. Counseling patients in breast cancer prevention
  - d. Other (specify) \_\_\_\_\_

**COMMENTS:**

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Southern Region

NATIONAL BLACK LEADERSHIP INITIATIVE ON CANCER

June 7, 1996

**Executive Committee**

**Chairman**

Louis W. Sullivan, MD

**Vice Chairman**

Andrea D. Fox

**Regional Director**

Joyce Q. Sheats

Marcus Wells, MD  
Community Health/Preventive Medicine  
Morehouse School of Medicine  
720 Westview Dr., SW  
Atlanta, GA 30310

Dear Dr. Wells:

Greetings! In May of 1995 at the Noon Conference for Residents held at Grady Memorial Hospital, you attended a session on breast cancer prevention and control. This session was sponsored by the Morehouse School of Medicine Breast Health Education Study. As you may recall, role play in the form of an Infodrama was used to explore the dynamics surrounding physician-patient communication in the discussion of breast health issues.

Prior to viewing the Infodrama, you completed a questionnaire which addressed your thoughts and practices regarding breast cancer screening. We are again administering the survey and would like you to participate by completing the enclosed questionnaire and returning it in the stamped, self-addressed envelope by June 17, 1996. The information that you gave us last year was very valuable and we hope that you will help us again! As a reminder, the information that you give us is confidential and will only be used for the purposes of this project. It is imperative that we get as many responses as possible so that the results can be representative of all primary care physicians.

To show our appreciation for you taking the time to complete the questionnaire, we have enclosed a copy of the popular "Down Home Healthy Cookbook" featuring recipes of two famous African-American chefs. We appreciate your participation and support, and we hope to hear from you soon!

Sincerely,

Joyce Q. Sheats, RN, MPH  
Regional Director

Enclosures



**Executive Committee**  
**Chairman**  
Louis W. Sullivan, M.D.  
**Vice Chairman**  
Andrea D. Fox  
**Regional Director**  
Joyce Q. Sheats

**Southern Region**

**NATIONAL BLACK LEADERSHIP INITIATIVE ON CANCER**

June 11, 1996

Sandra Allen  
440 Winn Way  
Decatur, GA 30030

Dear Ms. Allen:

In November of 1995, you received a physician/nurse questionnaire pertaining to breast health and breast cancer. You may recall that the Morehouse School of Medicine Department of Community Health/Preventive Medicine along with the National Black Leadership Initiative on Cancer, Southern Region is implementing a "Breast Health Education Study." One of the goals of this study is to carry out and evaluate an intervention called an infodrama, which is an interactive dramatic production based on actual case histories. The Infodrama is designed to educate and motivate primary care physicians and other health care professionals to discuss breast health care issues with their patients and recommend regular breast self-examinations, clinical breast examinations, and screening mammograms.

At the 1995 annual meeting of the Atlanta Black Nurses Association, the Infodrama was presented and the nurses in attendance gave it a very good "review." The intervention is assessed through pre- and post- questionnaires that measure attitudes and practices regarding breast health care. The pre-test is given immediately prior to the infodrama and the post-test delivered six (6) months afterwards. Twenty-five of the nurses attending the annual meeting completed the pre-test questionnaire.

Comparison questionnaires were mailed to 70 randomly selected members who did not attend the annual meeting. Only 12 nurses responded. We are again asking that you assist us in obtaining the data needed for this project by completing the same questionnaire and response card and returning it in the stamped self addressed envelope by June 15, 1996. If you responded to the first questionnaire, please indicate on the enclosed response card.

Thank you again for your participation and support.

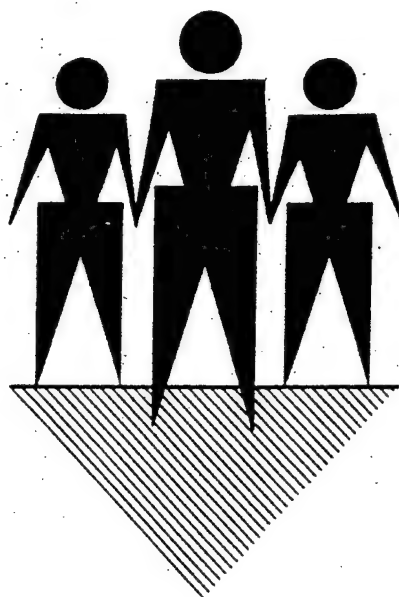
Sincerely,

Joyce Sheats, RN, MPH  
Regional Director

Enclosure



*National Black Leadership Initiative on Cancer*



Southern Region

**6th Annual Meeting**

**"Spreading the Word about Cancer"**

Friday, May 31, 1996

Georgia International Convention Center  
Atlanta, Georgia

- 11:45-12:00 noon      Cancer Information Service Update  
*Cheri Barnes, M.A.Ed., CHES*
- 12:00-1:15 p.m.      **LUNCHEON**
- Invocation  
*Mwalimu Imara, D.Mn.*
  - Introduction of Keynote Speaker  
*Sarah Moody-Thomas, Ph.D.*
  - Keynote Speaker  
*Peter Walker, Ph.D.*  
*Director, Chronic Disease Prevention & Health Promotion*  
*Georgia Department of Human Resources*
  - Awards & Recognitions  
*Andrea D. Fox, M.B.A.*  
*Joyce Sheats, R.N., M.P.H.*
- 1:15-2:15 p.m.      Concurrent Workshops
- I. Tobacco Control/Strategies and Issues  
*Linda L. Pederson, Ph.D.*
  - II. Capacity Building: Empowering the Black Community  
*Letitia Presley-Cantrell, M.Ed.*
  - III. Strategies for Effective Church Based Service Delivery  
*Itihara Toure, M.A.*
- 2:15-2:30 p.m.      **BREAK**
- 2:30-3:30 p.m.      Concurrent Workshops (Repeat)
- I. Tobacco Control/Strategies and Issues  
*Linda L. Pederson, Ph.D.*
  - II. Capacity Building: Empowering the Black Community  
*Letitia Presley-Cantrell, M.Ed.*
  - III. Strategies for Effective Church Based Service Delivery  
*Itihara Toure, M.A.*
- 3:30-4:30 p.m.      Infodrama - "A Nightmare"  
Educational Playmakers, Inc.  
*Charlee Lambert*  
*Beverly D. Taylor, M.D.*
- 4:30-4:45 p.m.      Discussion
- 4:45-5:00 p.m.      Wrap-up & Closing Remarks

*Morehouse School of Medicine  
Breast Health Education Study*

*Staff Directory*

1. *Beverly D. Taylor, MD  
Associate Professor  
Community Health/Preventive  
Medicine  
Morehouse School of Medicine  
720 Westview Dr., SW  
Atlanta, GA 30310  
(404) 752-1620 Office*
2. *Joyce Sheats, RN, MPH  
Regional Director  
National Black Leadership  
Initiative on Cancer  
Southern Region  
Morehouse School of Medicine  
Harris Building, Room 3A  
720 Westview Dr., SW  
Atlanta, GA 30310  
(404) 752-1949 Office*
3. *Frederick Murphy, MPH  
Project Director  
Community Partnerships.  
Southside Healthcare, Inc.  
1039 Ridge Ave., SW  
Atlanta, GA 30315  
(404) 681-0219 Office*
4. *Mable Densler, RN, MS  
Outreach Coordinator  
710 Flamingo Dr., SW  
Atlanta, GA 30331  
(404) 755-0442 Home*
5. *Sherry Crump, MD, MPH  
Research Fellow  
Community Health/Preventive  
Medicine  
Morehouse School of Medicine  
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Atlanta, GA 30310  
(404) 752-1541 Office*
6. *John Sung, PhD, MPH  
Associate Professor  
Community Health/Preventive  
Medicine  
Morehouse School of Medicine  
720 Westview Dr., SW  
Atlanta, GA 30310  
(404) 752-1627 Office*
7. *Bridget J. Toodle  
Administrative Secretary  
National Black Leadership  
Initiative on Cancer  
Southern Region  
Morehouse School of Medicine  
720 Westview Dr., SW  
Atlanta, GA 30310  
(404) 752-1948 Office*

*Morehouse School of Medicine  
Breast Health Education Study*

*Community Health Volunteer Directory*

1. *Annie R. Cofer  
128 Bulloch St.  
Apartment 271  
Atlanta, GA 30315  
(404) 624-1378 Office  
(404) 622-4722 Home*
2. *Eva B. Davis  
256 Meadow Lake Dr., SE  
Apartment 1621  
Atlanta, GA 30317  
(404) 370-8103 Office  
(404) 377-4902 Home*
3. *Eugenia E. Dickerson  
435 Ashby Street  
Apartment 306  
Atlanta, GA 30310  
(404) 753-5860 Home*
4. *Catherine D. Epps  
1544 Wilcox St.  
Apartment 646  
Atlanta, GA 30315  
(404) 622-5372 Home*
5. *Robin Hawkins  
2293 Evans Lane  
Apartment 1338  
Atlanta, GA 30317  
(404) 378-4348 Home*
6. *Mattie L. Kelly  
435 Ashby Street  
Apartment 501  
Atlanta, GA 30310  
(404) 758-0387 Home*

**WANTED!**

**STUDENTS**

**FOR**

**TEMPORARY  
PART-TIME  
POSITION**

**OF**

**SURVEY  
INTERVIEWER**

**Contact  
Joyce Sheats**

**at**

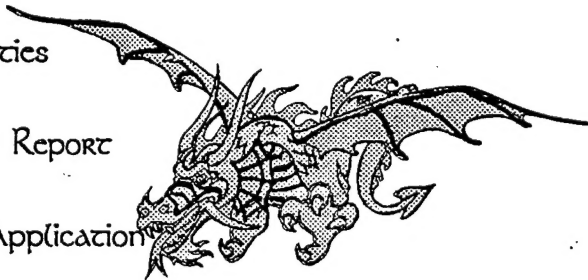
**(404)  
752-1949**



Morehouse School of Medicine  
Breast Health Education Study  
Staff Meeting  
Tuesday, August 6, 1996  
12:00 - 1:00 p.m.

A G E N D A

- ▶ Survey Progress Report
- ▶ Personnel Issues
- ▶ New Communities
- ▶ BHES Annual Report
- ▶ Continuation Application
- ▶ Alpha Meeting
- ▶ Other Items



Adjourn

If It's To Be, It's Up To Me!!

# Morehouse School of Medicine Breast Health Education Study

Staff Meeting

Tuesday, June 11, 1996

12:00 - 1:30 p.m.

## A G E N D A

Introductions

Program Update

Discussion of Community Survey

- Needs
- Obstacles
- Other

Grant Application (DOD) Due July 17th

- Assignments

Other

Adjourn

*TODAY IS THE FIRST DAY OF THE REST  
OF YOUR LIFE !!!*

## **Breast Health Education Study Training Manual Outline Contents**

- **Acknowledgments**
- **Purpose**
- **Breast Cancer Overview**
  - Risk Factors
  - Who is less likely to be screened
- **Barriers / Myths / Misconceptions**
- **Cancer Prevention: Diet and Nutrition**
- **Conducting a Successful Workshop**
  - Introduction
    - Summarize Goals of Breast Health Education Workshop
    - Pre-test
    - Ice Breakers
  - Statistics and Risk Factors
  - Anatomy of Breasts
  - Breast Self Exam Technique Demonstrated
    - Looking for changes
    - Feeling for Changes
  - Breast Health Plan
    - Components of a Good Breast Health Plan
    - Guidelines for Early Detection
  - Conclusion
    - Questions and Answers
    - Post-test
    - Distribute Handouts
  - Breast Self Examination Training
    - Program Goals
    - Program Training
  - Mammography Backgrounder
    - Mammography Overview
    - Mammograms



What is Mammography  
Preparations  
Recommendations for Screening  
Choosing a facility  
Cost

Myths About Mammography and Breast Cancer  
Mammography Questions and Answers  
FDA's Mammography Program

- Appendices
- Resources